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Document Description: Petition to withdraw attorney or agent (SBR3)

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1941.001US1

Attorney Docket Number

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number 10/599,952
Filing Date Oct 3, 2007
First Named Inventor Lecanu, Laurent Unknown
Examiner Name Unknown

Please withdraw me as attorney or agent for the above identified patent application, and  all the practitioners of record;  the practitioners (with registration numbers) of record listed on the attached paper(e); or  the practitioners of record associated with Customer Number:  NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.  The reason(s) for this request are those described in 37 CFR:  10.40(b)(1)	To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
the practitioners (with registration numbers) of record listed on the attached paper(s); or  the practitioners of record associated with Customer Number:	Please withdraw me as attorney or agent for the above identified patent application, and							
the practitioners of record associated with Customer Number: 21186  NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.  The reason(s) for this request are those described in 37 CFR:  10.40(b)(1)								
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10.40(c)(1)(f) 10.40(c)(1)(fi) 10.40(c)(1)(fi) 10.40(c)(1)(fi) 10.40(c)(1)(fi) 10.40(c)(1)(fi) 10.40(c)(1)(fi) 10.40(c)(2) 10.40(c)(3) 10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:  Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.  1. Very have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.  2. Very have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.  3. Very live have notified the client of any responses that may be due and the time frame within which the client must respond.	The reason(s) for this request are those described in 37 CFR:							
10.40(c)(1)(v)	10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)							
Certifications  Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.  1. VWe have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.  2. VWe have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.  3. V I/We have notified the client of any responses that may be due and the time frame within which the client must respond.	10.40(e)(1)(i) 10.40(e)(1)(ii) 10.40(e)(1)(iii) 10.40(e)(1)(iv)							
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2.	be approved.							
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Please provide an explanation, if necessary:	3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.							
	Please provide an explanation, if necessary:							

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, proparing, and submitting the completed application form by the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for roducing this burdon, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office. U.S. Department of Commisce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commiscioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1450.

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Текерһоле	e (202) 687-8712 E		Email sep39	mail sep39@georgetown.edu				
I am authorized to sign on behalf of myself and all withdrawing practitioners.								
Signature Monopie, M. Paroles Shortes								
Name	Monique M. Perdok Shonka Registration No. 42,989							
Address 1600 TCF Tower, 121 South 8th Street								
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Date	June 22, 2009	Telephon	Telephone No. (612) 373-6900					
NOTE: Withdrawal is effective when approved rather than when received.								

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